

#### International Rare Donor Panel

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Access the database



## **Rare Donor Program**

## Country: Israel

Data submitted by: Marina Izak MD, Liora Muncher PhD, Veronica Gendelman MD, Vered Yahalom MD

International Society of Blood Transfusion

Rare Donor Program		
Rare Donor Program	Yes	
National Regional or Facility based	National	
Number of Rare Donors	354	
Definition of Rare	Negative for a high prevalence antigen ,antigen negative prevalence<1 in 1000. Antigen negative phenotypes combinations prevalence<1 in 1000	
Are the donors listed in the International Rare Donor Panel	Following signed informed consent	
Frozen Inventory	Yes	
How are Rare Donors found	Corresponding antibody detected in a patient /donor Family studies Selected donor phenotyping(most) and genotyping (few)	
Number of Rare Donor Units used per year	463 units per year (Including antigen negative combinations)	
ISBT Rare Donor WP Blood Shipment form used	Yes	
Outcome of incompatible transfusion form used	Infrequently	
Most difficult types to find	Rh null	
Phenotypes confirmed by molecular testing	Depends on the availability of anti-sera and genotype platform	

Phenotype	Total Active Donors	Group O	O Positive	O Negative	Other ABO/Rh
GE:-2,-3	1			1	
Jk(a-b-)	2	1	1	х	1
Ко	1	х	х	х	1
Kp(b-)	37	14	11	3	23
MkMk	x				
Rh:-34	x				
U-	2	х			2
PP1Pk-	11	4	4		7
SC:-1	x				
En(a-)	x				
At(a-)	x				
Di(b-)	x				
Jr(a-)	3	1	1		2
Rh null	x				
Vel(-)	7	3	3		4
D	x				
Oh Positive	x				
Oh Negative	x				

## Israel How are your rare donors found?

	Yes / No	Method	Comments
Extended phenotyping donors	Yes	Donors are screened according to hospitals needs	
Extended genotyping donors	Selective	Donors are screened according to hospitals needs for DoA/DoB, VEL	Where antisera is available phenotype is confirmed by serology.
Family studies	Yes	Recruitment of family of donors and patients	A letter with information to recruit donors from the family is sent. Rare phenotypes called individually. Family of patients are contacted via the treating clinician.
Antibody investigations	Yes	All donors are screened for red cell antibodies Grifols Erytra.	Use of many different techniques including molecular testing to determine the specificity in patients and donors.
Other	NA	ΝΑ	NA





# **Red Cell Product Specifications**

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	Donor Selection – Whole Blood			
Donation	Volun	Voluntary		
Age or Weight Restrictions	New donors: > 17 parental approval required, First donation $\ge$ 60 M $>$ 50	New donors: > 17 parental approval required, First donation ≥ 60 Medical approval required, ≥ 65 yearly medical approval required >50 kg		
Donation Interval	90 days (3	months)		
Sexual Activity	Positive for HIV, Hepatitis B/C, or HTLV	Permanent deferral		
Precautions	Male to male sex	Individual risk assessment		
	Sex worker or contact with sex worker	Sex worker - Permanent deferral Contact with sexual worker – 3 month deferral		
Travel Exclusions	Dengue	4 week deferral		
area endemic for the listed	Ebola	As per Malaria exclusion criteria		
infectious illnesses	Malaria	1 year deferral if donor has visited an endemic country in the past year 3 year deferral if contracted Malaria or lived in an endemic country > 6 months		
	West Nile Virus	NA		
Lifestyle	Acupuncture, piercing or tattoo	4 month deferral		
	Drug use (Non-prescribed injected)	Permanent deferral		
	Incarceration	Deferral for 12 months from date of release		
CJD geographic restrictions	Removed as a deferral in 2023			
COVID restrictions	COVID19 vaccine administration	According to vaccine type (none to 12 months)		
	COVID infection	7 day deferral after provision of recovery certificate		
	Household contact	According to the relevant public health guidelines		

	Mandatory Infectious Diseases Screening of Blood Products		
	Screening test	Risk of blood transfusion transmission	
HIV	HIV-1/2/O Ab & RNA by NAT		
нсу	HCV Ab & RNA by NAT		
HBV	HBsAg & HBV DNA by NAT		
Syphilis	Treponemal Ab		
HTLV (1 & 2)	HTLV-1/2 Ab		
СМУ	Not routinely screened If required, donor CMV IgG Ab negative products used Leucodepleted blood products are considered CMV safe		
Zika Virus	NA	NA	
West Nile Virus	WNV RNA by NAT each year from June 1 <sup>st</sup> to November 30 <sup>th</sup>		
Babesia	NA	NA	
Trypanosoma cruzi (T. cruzi) Chagas Disease	NA	NA	

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Red Cells	Packed RBC	Leucocyte Depleted	Leucocyte Depleted with additive solution
Description	A red cell component obtained by removing most of the plasma after centrifuging whole blood collected into anticoagulant.	A red cell component obtained by removing most of the plasma after centrifuging whole blood collected into anticoagulant.	A red cell component obtained by removing most of the plasma after centrifuging whole blood collected into anticoagulant. Red cells resuspended in SAG-M to prolong storage and are filtered to remove most leucocytes.
Anticoagulant	Citrate phosphate dextrose Adenine (CPDA1) 63 mL +/- 10% per pack of whole blood	Citrate phosphate dextrose Adenine (CPDA1) 63 mL +/- 10% per pack of whole blood	Citrate phosphate dextrose (CPD) 66.5 mL +/- 10% per pack of whole blood
Additive Solution	None	None	Saline adenine glucose mannitol (SAG-M) 105 +/- 10% mL
Average volume	280 +/- 27 mL	270 +/- 23 mL	324 +/- 20 mL
Storage Duration	35 days	35 days	42 days
Leukofiltration		leucocyte reduced to <5x10^6/unit	leucocyte reduced to <5x10^6/unit
Storage Temperature		2°C to 6°C	
Transport Temperature		2°C to 10°C	
Modifications	Phenotype		
Irradiation Policy	Gamma irradiation: 25-50Gy or X-ray irradiation per institution policy		

Red Cells	Paediatric Leucocyte Depleted	Washed Leucocyte Depleted	
Description	A leucocyte depleted red cell component divided into four packs of equal volume for the purpose of reducing donor exposure for small paediatric transfusions and to minimise product wastage.	Red cells leucocyte depleted are washed with ACP 215 with 0.9% Nacl . The washed red cells are resuspended in SAG-M2 additive solution or 0.9% Nacl.	
Anticoagulant	Citrate phosphate dextrose Adenine (CPDA1) 63 mL +/- 10% per pack of whole blood	Citrate phosphate dextrose Adenine (CPDA1) 63 mL +/- 10% per pack of whole blood or Citrate phosphate dextrose (CPD) 66.5 mL +/- 10% per pack of whole blood	
Additive Solution	None	Saline adenine glucose mannitol (SAG-M) 100 +/- 10% mL or 0.9% Nacl100 ml 100 +/- 10% mL	
Average volume	78+/- 6 mL	313 +/- 23 mL	
Storage Duration	35 days	1 – 7 days	
Leukofiltration	Leucocyte reduced to <5x10^6/unit		
Storage Temperature	2°C to 6°C		
Transport Temperature		2°C to 10°C	
Modifications		Phenotype,	
Irradiation Policy	Gamma irradiation: 25-50Gy or X-ray irradiation per institution policy		

	Frozen Leucocyte Depleted	
Description	Used for patients with rare red cell phenotypes, or multiple red cell antibodies and for autologous collections when liquid-preserved blood cannot fulfil demands. Can be supplied internationally as a frozen product and thawed locally	
Anticoagulant	Citrate phosphate dextrose Adenine (CPDA1) or Citrate phosphate dextrose (CPD)	
Additive Solution	Glycerol is added to red cells as a cryoprotectant	
Leukofiltration	Leucocyte reduced to <5x10 <sup>^</sup> 6/unit	
Average volume	290 +/- 5 mL	
Storage Temperature	-65°C to -80°C Frozen within 7 days of collection for CPDA1 RBC or 40 days for SAG-M LR RBC 2°C to 6°C once thawed	
Transport Temperature	Below -65°C 2°C to 10°C once thawed	
Storage Duration	Up to 25 years Can be extended for very rare blood	
Irradiation Policy	Gamma irradiation: 25-50Gy or X-ray irradiation per institution policy	
Other	. After thawing and washing with Saline, the red cells are resuspended in additive solution or 0.9% Nacl and can be used within 72 and 24 hours respectively.	





# **Frozen Inventory**

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General Information		
Freezing Method	Glycerolyte 57 using Haemonetics ACP215 cell washer	
Frozen Expiry (years)	25 years Exceptionally rare units may be retained beyond expiry. If required for issue they are released based on QC data with approval from treating physician	
Storage Temperature	≤ -65°C	
Can inventory be issued and sent frozen	Yes	
Thawing Method	Deglcerolisation with 12% and 0.9% saline using Haemonetics ACP215 cell washer	
Thawed Expiry (days)	24 or 72 hours	
Additive Solution	0.9% saline or SAGM	
Irradiation Policy	Issued as a patient tailored product	
IUT and Neonate use	Issued as a patient tailored product	
Supply out of date Policy	Exceptionally rare units may be retained beyond expiry. If required for issue they are released based on QC data with approval from treating physician	

Product Specifications		
Volume	> 185mL	
Supernatant Haemoglobin	<0,2 g/unit	
Haematocrit	0.35 – 0.70 (L/L)	
Haemoglobin	≥36 (gr/unit)	
Osmolarity	≤367 (mOSm/KgH2O)	
Residual leucocyte content	< 1.0 x 10 <sup>6</sup> /unit	
Sterility	NA	
Other	May be supplied according to physician approval if out of the above mentioned specifications	





# Ordering and Shipping

## **Country: Israel**

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Exporting		
Request form available	Yes	
Government Requirements	Regulatory approval to National Blood Services to export blood components Customs invoice supplied by Magen David Adom National Blood Services	
Regulatory Requirements	NA	
Rare Donor Program Requirements	Preferred courier – World Courier Completed request form	
Other	NA	

	Importing
Government Requirements	Regulatory approval to National Blood Services to import blood components
Regulatory Requirements	Meet Ministry of Health Guidelines
Rare Donor Program Requirements	A copy of all test results for the donation e.g. blood group, phenotype and infectious disease screening Temperature monitored transport
Other	NA